

<b>LFC Requester:</b>	<b>Lance Chilton</b>
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**AGENCY BILL ANALYSIS - 2025 REGULAR SESSION**

**WITHIN 24 HOURS OF BILL POSTING, UPLOAD ANALYSIS TO**

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**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 1/15/25 *Check all that apply:*  
**Bill Number:** HB76 Original  Correction   
 Amendment  Substitute

**Sponsor:** Rep. Liz Thomson **Agency Name and Code:** HCA 630  
**Short Title:** Congenital Heart Disease Tests for Infants **Number:** \_\_\_\_\_  
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**SECTION II: FISCAL IMPACT**

**APPROPRIATION (dollars in thousands)**

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
\$0	\$0	NA	NA

(Parenthesis ( ) indicate expenditure decreases)

**REVENUE (dollars in thousands)**

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
\$0	\$0	\$0	NA	NA

(Parenthesis ( ) indicate revenue decreases)

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
	\$204.1	\$408.2	\$408.2	\$1,020.5	Recurring	General Fund
	\$516.3	\$1,032.6	\$1,032.6	\$2,581.5	Recurring	Federal Funds

<b>Total</b>	\$720.4	\$1,440.7	\$1,440.7	\$3,601.8	Recurring	
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(Parenthesis ( ) Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:

Duplicates/Relates to Appropriation in the General Appropriation Act

### **SECTION III: NARRATIVE**

#### **BILL SUMMARY**

Synopsis: HB 76 Amends the Public Health Act by adding echocardiogram and electrocardiogram to the required tests for newborn infants who are at a high-risk of congenital heart disease.

#### **FISCAL IMPLICATIONS**

Implementation of this bill may increase utilization of these services. HCA estimates a fifteen percent increase in utilization year over year. Based on current utilization, an additional of fifteen percent would require an estimated appropriation of \$204,075.25 from general funds. This appropriation would be eligible to receive federal matching with an estimated Federal Medical Assistance Percentage of 0.7167 resulting in \$516,275.09. The total amount of spending given the federal match is approximately \$720,350.34 for fiscal year 2025.

For fiscal year 2026 and 2027, it is estimated that the fifteen percent increase in utilization will continue therefore requiring an estimated appropriation of \$408,150.50 from general funds. This appropriation would be eligible to receive federal matching with an estimated Federal Medical Assistance Percentage of 0.7167 resulting in \$1,032,550.17 The total amount of spending given the federal match is approximately \$1,440,700.67 for fiscal year 2026.

#### **SIGNIFICANT ISSUES**

HCA covers congenital heart disease based on practitioners' clinical assessment.

This bill mandates echocardiogram and electrocardiogram to the required tests for newborn infants who are at a high-risk of congenital heart disease (CHD) prior to discharge. If a facility lacks the equipment or staff to perform these tests, the facility shall provide to the newborn infant's parents a referral to receive an echocardiogram and electrocardiogram upon discharge.

The bill would mandate performing an echocardiogram and electrocardiogram if a newborn infant has a familial history of congenital heart disease or if either of the newborn infant's biological parents report that they:

- 1) have ever fainted, passed out or had an unexplained seizure suddenly and without warning, especially during exercise;
- 2) have ever had exercise-related chest pain or shortness of breathe;
- 3) are related to someone who has died of a heart problem or an unexpected sudden death before the age of fifty, including a death from drowning, an unexplained car accident or sudden infant death syndrome; or
- 4) are related to someone with heart-related issues or anyone younger than fifty years old who has a pacemaker or implantable defibrillator.

According to the American Academy of Pediatrics (AAP); if a critical CHD is diagnosed before

a baby leaves the hospital, doctors can provide care and treatment that may prevent later health problems or even death. They can also better plan treatment for a baby with a critical CHD, helping the baby plan for surgery or other treatment when the infant is stable, and not in an emergency situation. Babies that have a critical CHD diagnosed after they leave the hospital tend to be admitted to the hospital more frequently, spend more time in the hospital, and have higher hospital costs compared with babies that had a critical CHD diagnosed in the hospital.

Mandated critical CHD screening using pulse oximetry reduces early infant deaths from critical CHD by 33%, or 120 early infant deaths from critical CHD averted per year.

About 3 percent of all babies are born with a birth defect. Overall, nearly 1 percent of all newborns have a congenital heart defect (CHD). CHDs are the leading cause of birth defect-associated infant illness and death.

About 20 per 10,000 babies are born with critical congenital heart defects (CCHDs, also known as critical congenital heart disease), which are life threatening and require catheter-based intervention or heart surgery during the neonatal period. Delayed diagnosis of CCHD may result in the child having a poorer preoperative condition and worse cardiopulmonary and neurological outcomes after treatment.

Given the widespread use of CCHD screening in birthing hospitals and its relative simplicity compared to prenatal ultrasonographic screening in terms of technical skills and equipment required, it can serve as a final safety net prior to discharge to identify infants with CCHD that may not have been detected during prenatal screening or by clinical assessment in the newborn nursery. To ensure that this safety net is effective, there must also be equitable access to care, including echocardiograms

The following AAP reference to CHD at

<https://www.aap.org/en/patient-care/congenital-heart-defects/newborn-screening-for-critical-congenital-heart-defect-cchd/>

If this bill were enacted this would require hospitals and other childbirth facilities to develop policies for CHD screening adding echocardiogram and electrocardiogram testing criteria.

## **PERFORMANCE IMPLICATIONS**

HCA covers congenital heart disease based on practitioners' clinical assessment. Implementation of this bill may increase utilization of these services.

This bill mandates echocardiogram and electrocardiogram to the required tests for newborn infants who are at a high-risk of congenital heart disease prior to discharge. If a facility lacks the equipment or staff to perform these tests, the facility shall provide to the newborn infant's parents a referral to receive an echocardiogram and electrocardiogram upon discharge.

The impact on care provided enables early intervention, which is crucial for managing congenital heart issues.

### **Key points:**

- **Early Detection:** By ensuring all newborns undergo screening for critical congenital heart disease (CCHD) using a pulse oximeter, echocardiogram, and electrocardiogram, the bill would aid in early detection of heart conditions. Early detection allows for timely

intervention, which is critical in preventing more severe health issues down the line.

- **Standardized Care:** Establishing a mandate for these screenings would standardize the care provided to all newborns across the state. This could help reduce any disparities in healthcare access and ensure that all infants receive comprehensive screenings regardless of the hospital or birthing facility they are born into.
- **Follow-up Care:** For infants identified with congenital heart disease, this mandate would likely lead to improved follow-up care and monitoring. Hospitals would need to develop and implement protocols to manage and treat identified cases promptly.
- **Training and Resources:** Medical professionals may require additional training to effectively use and interpret the results of pulse oximeters, echocardiograms, and electrocardiograms. Hospitals might also need to invest in the necessary equipment and resources to perform these tests.
- **Parent Education:** Educating parents about the importance of these screenings and how they can contribute to better health outcomes for their children would be another crucial aspect.

While these changes would improve care quality, they could also mean increased costs for healthcare facilities to adopt and implement procedures and ensure staff have the necessary training and equipment.

<https://publications.aap.org/pediatrics/article/155/1/e2024069667/200337/Newborn-Screening-for-Critical-Congenital-Heart?autologincheck=redirected>

#### **ADMINISTRATIVE IMPLICATIONS**

Deviation from current reimbursement methodologies described in NMAC 8.310.3.11B would require a Medicaid State Plan Amendment to address the change in payment methodology, significant claims processing system edits, NMAC revisions, and managed care Letters of Direction.

This bill will require a system change in the financial services Information Technology (IT) system. This change will be part of maintenance and operations (M & O) and will be made at no additional cost. The specific requirements would need to be gathered before a timeline for completion could be estimated.

#### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

No known conflicts, duplications, companionship or relationship to other bills at this time.

#### **TECHNICAL ISSUES**

HB 76 reads “If a facility lacks the equipment or staff to perform these tests, the facility shall provide to the newborn infant's parents a referral to receive an echocardiogram and electrocardiogram upon discharge.”

Recommend: “If a facility lacks the equipment or staff to perform these tests, the facility shall provide to the newborn infant's parents/guardians a referral to receive an echocardiogram and electrocardiogram upon discharge.”

HB 76 reads in SECTION 1. Section 24-1-6 NMSA 1978 (being Laws 1973, Chapter 359, Section 6, as amended) is amended to read: "24-1-6. TESTS REQUIRED FOR NEWBORN INFANTS.-- A. “The department shall adopt screening tests for the detection of congenital

diseases that shall be given to **every newborn infant**, except that, after being informed of the reasons for the tests, the parents or guardians of the newborn child may waive the requirements for the tests in writing. The screening tests shall include at a minimum:

(28) critical congenital heart disease:

(a) by means of a test performed using a pulse oximeter before the newborn infant is discharged from the hospital or birthing facility where the newborn infant was born. For the purposes of this [paragraph] subparagraph, "pulse oximeter" means a device that measures the oxygen saturation of arterial blood; and

(b) by means of an echocardiogram and electrocardiogram if the newborn infant has a familial history of congenital heart disease or if either of the newborn infant's biological parents report that they: 1) have ever fainted, passed out or had an unexplained seizure suddenly and without warning, especially during exercise; 2) have ever had exercise-related chest pain or shortness of breath; 3) are related to someone who has died of a heart problem or an unexpected sudden death before the age of fifty, including a death from drowning, an unexplained car accident or sudden infant death syndrome; or 4) are related to someone with heart-related issues or anyone younger than fifty years old who has a pacemaker or implantable defibrillator.”

It is unclear if HB 76 intends to mandate every infant for screening tests shall include at a minimum: critical CHD by means of an echocardiogram and electrocardiogram or if only if a newborn infant has a familial history of congenital heart disease or if either of the newborn infant's biological parents specific conditions

FMAP is calculated each federal fiscal year by the US Department of Health and Human Services (HHS) therefore is subject to change. This can impact the estimated total budget.

#### **OTHER SUBSTANTIVE ISSUES**

No known other substantive issues.

#### **ALTERNATIVES**

None

#### **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Status quo

#### **AMENDMENTS**

No known amendments at this time.